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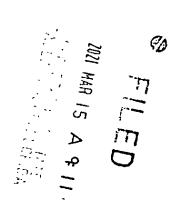
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
	AN POOLS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	RICKY A MORGAN JR		
		Name of Person	
	MORGAN POOLS LEC		
		Firm/Company	
	1037 SOLAR DR		
		Address	
	HOLIDAY FL 34691		
		City/State and Zip Code	
	rickycanfixit727@gmail.co	om (to be used for future annual report notification)	
For further information	on concerning this matter, please ca		
Ricky A Morgan JR		727 688-0910 at ()	
Nan	ne of Person	Area Code Daytime Telephone Number	
Enclosed is a check to	or the following amount:		
□ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Certified Co (additional copy (additional copy)	of Status & Py ~
Mailing Ado	Iress:	Street Address:	TII
Registratio		Registration Section	_
P.O. Box 6	f Corporations 6327	Division of Corporations ————————————————————————————————————	, <u> </u>
	e, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORGAN POOLS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEB 2 2021 and assigned Florida document number 1.21000058192 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICKY A MORGAN JR	1037 Solar Dr	■Add
		Holiday FL 34691	□Remove
			□ Change
MGR	DEIDRA PASCHAL	12 Bayou Ln	□Add
		Palm Harbor FI. 34683	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			ERemove ®
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			> □ Remove
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			□Add
			□Remove
			Changa

	
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to	date of filing or more than 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the applicate cument's effective date on the Department of State's records.	ble statutory fitting requirements, this date will not be fisted as
ecord specifies a delayed effective date, but not an effective tim is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted 3-9- U	
an i · · · ·	5.
Ruly Move Signature of a member or authority	1

Typed or printed name of signee